740-X

42A740-X (11-15) Department of Revenue

For calendar year or

11500010008

IIII AMENDED KENTUCKY INDIVIDUAL INCOMETAX RETURN



 $_$, and ending $_$ For fiscal year beginning _ Spouse's Social Security No. Your Social Security No Filing Status: Check only one block. Original Amended Single 1. Married, filing separately Last Name First Name (Joint or combined return, give both names and initials.) 2. on this combined return 3. Married, filing joint return Mailing Address Number and Street including Apartment Number or P.O. Box Married, filing separate returns. Enter spouse's name and Social Security **ZIP** Code City, Town or Post Office State number as it appears on separate return I-As Originally II-Net Change Increase Ш **INCOME AND DEDUCTIONS** Reported or Adjusted or Decrease (see p. 2) Correct Amount KENTUCKY ADJUSTED GROSS INCOME (Form 740 or 740-EZ) Column A, Spouse..... Column B, Yourself (or Joint)..... 2. ITEMIZED DEDUCTIONS / STANDARD DEDUCTION Column A, Spouse..... Column B, Yourself (or Joint)..... 3. TAXABLE INCOME Column A, Spouse..... Column B, Yourself (or Joint)..... TAX LIABILITY 4. Enter tax from Form 740, line 14 or Form 740-EZ, line 4. Column A, Spouse..... Column B, Yourself (or Joint)..... **Business Incentive Credits.** Column A, Spouse..... Column B, Yourself (or Joint)..... Personal Tax Credits. Column A, Spouse..... Column B, Yourself (or Joint)..... 7. Subtract lines 5 and 6 Column A, Spouse..... from line 4. Column B, Yourself (or Joint)..... Add line 7, Columns A and B and enter here 9. Family SizeTax Credit 10. Education Tuition Tax Credit..... 11. Child and Dependent Care Credit 12. New HomeTax Credit (2009 and 2010 Only) 13. Income Tax Liability. Subtract lines 9, 10, 11 and 12 from line 8...... 14. Kentucky Use Tax..... 15. TotalTax Liability **PAYMENTS AND CREDITS** Kentucky Income Tax Withheld..... 17. Kentucky Estimated Tax Payments..... 18. Refundable Kentucky Corporation Tax Credit (KRS 141.420(3)(c)).... Refundable certified rehabilitation credit (KRS 141.382(1)(b))........ 20. Film industry tax credit (KRS 141.383)..... 21. Amount paid with original return, plus additional payments made after it was filed Total of lines 16 through 21, Column III **REFUND OR AMOUNT DUE** 23. Overpayment, if any, shown on original return, Form 740 or Form 740-EZ...... 24. Subtract line 23 from line 22 and enter the result..... 25. If line 15, Column III, is more than line 24, enter amount due 26. Compute interest on the amount due from the due date until paid. Use Interest Rate Chart on Page 2, Part IV when calculating interest...... Add lines 25 and 26. Pay in full with this return...... If line 15, Column III, is less than line 24, enter refund to be received.....

11500010009

PART I – T	TAX CREDITS	(This section on original re		ompleted	for any	increa	se or de	crease	in the n	umber of persona	al tax cre	dits claimed	
1. Num	ber of persona	ıl tax credits cla	imed on o	riginal ret	urn (For	m 740	, Section	B, line	s 3A and	l 3B)			
2. Num	2. Number of personal tax credits claimed on this return												
3. Diffe	rence												
Explain	any difference	in detail below.	. Include na	ame and S	Social Se	ecurity	numbei	r.					
PART II – FAMILY SIZETAX CREDIT (This section must be completed for any increase or decrease to Total Family Size claimed on original return.)													
4. Total	Family Size cl	aimed on origir	nal return	1		2		3		4 or more			
5. Total	Family Size cl	aimed on this re	eturn	1		2		3		4 or more			
	-	in detail below.		name and	Social S								
PART III -		corrected Kentu	icky and/o	r federal f	orms, sc	hedul	es or W-2	2s.		in detail below.		dditional or	
					•		91						
PART IV -	- INTEREST RA	TE CHART - Use	e the follov	wing rates	s when c	compu	ting inte	erest fo	r amoun	t on Page 1, Line	26.		
	Jan. 1, 2019 Jan. 1, 2010 Jan. 1, 2010	6-Dec. 31, 2016 5-Dec. 31, 2015 4-Dec. 31, 2014 3-Dec. 31, 2013 2-Dec. 31, 2012	- 6% - 6% - 6%										
the best of provisions	f my knowledge	and belief, it is tr ncome tax regulat	ue, correct a	and comple	ete. I also	under	stand and	dagree	that our e	panying schedules lection to file a con each of us being jo	nbined ret	urn under the	
Your Signatu	re (If a joint or comb	ined return, both mus	st sign.)	Spouse's S	ignature				Tele	ephone Number (daytim	e)	Date Signed	
Typed or Prin	ited Name of Prepare	I.D. Number of Preparer								Date			

Make check payable to: Kentucky State Treasurer.

